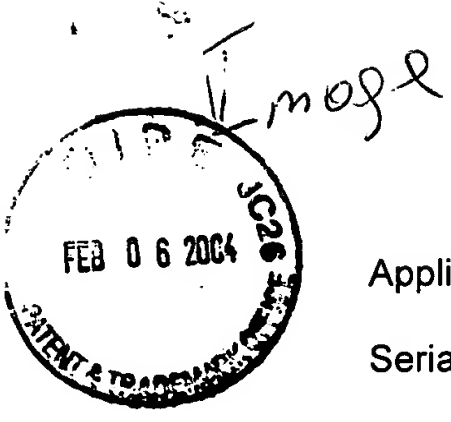


1762



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Roby et al. Examiner: J.K. Michener
Serial No.: 09/964,901 Group Art Unit: 1762
Filed: September 27, 2001 Dated: February 4, 2004
For: **SILICONIZED SURGICAL NEEDLES AND
METHODS FOR THEIR MANUFACTURE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

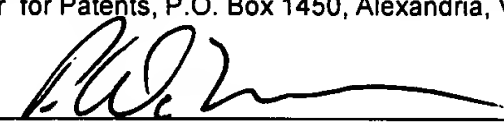
| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OTHER THAN SMALL ENTITY |
|--|---|---------------------------------------|------------------|--------------------------|----------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDIT. RATE FEE OR | ADDIT. RATE FEE |
| TOTAL | *15 MINUS | **29 | = | X 9 \$ | X 18 \$0 |
| INDEP. | *1 MINUS | **4 | = | X 43 \$ | X 86 \$0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | X 140 \$ | X 280 \$0 |
| | | | | TOTAL | OR TOTAL \$0 |
| | | | | ADDIT. FEE | \$ -0- |

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

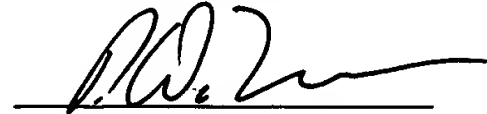
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: February 4, 2004


Peter DeLuca

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

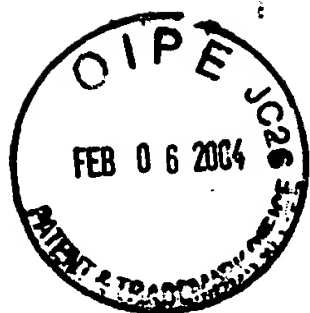


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MRB/jjp



Atty. Docket No. 2788 (203-2854)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Roby, et al. EXAMINER: J.K. Michener
SERIAL NO.: 09/964,901 GROUP: 1762
FILED: September 27, 2001 DATED: February 4, 2004
FOR: **SILICONIZED SURGICAL
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THEIR MANUFACTURE**

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Sir:

In response to the Notice of Non-Compliant Amendment dated January 16, 2004, applicants hereby submit the corrected section of the non-compliant amendment in its entirety, i.e., the Amendment to Specification.

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 4, 2004.

Dated: February 4, 2004


Peter DeLuca